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J1036 U.S. PTO

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PTO/SB/05 (03-01)

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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i> | Attorney Docket No.    | 101328-160  |
|   | First Inventor         | Theodore M. Bloomstein  |
|   | Title                  | Stereolithographic Patterning with Variable Size Exposure Areas |
|   | Express Mail Label No. | EL835840413US   |

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|---|---|
| <b>APPLICATION ELEMENTS</b><br><br>See MPEP chapter 600 concerning utility patent application contents. | <b>ADDRESS TO:</b> Box Patent Application<br>Commissioner for Patents<br>Washington, DC 20231 |
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|  |   |
|--|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original, and a duplicate for fee processing)</i><br>2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.<br>3. <input checked="" type="checkbox"/> Specification (5 pgs) [Total Pages 56]<br><i>(preferred arrangement set forth below)</i><br>- Descriptive title of the invention<br>- Cross Reference to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claims (2 pgs.) Claims 1-12<br>- Abstract of the Disclosure (1 pg.)<br>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)<br>Figs. 1-20b [Total Sheets 24]<br>5. Oath or Declaration [Total Pages 4]<br>a. <input checked="" type="checkbox"/> Unexecuted<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><i>(for continuation/divisional with Box 18 completed)</i><br>i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).<br>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)<br>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies |
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**ACCOMPANYING APPLICATIONS PARTS**

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| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))  |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney                             |
| 11. <input type="checkbox"/> English Translation Document (if applicable)  |
| 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations                            |
| 13. <input type="checkbox"/> Preliminary Amendment   |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)   |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)   |
| 16. <input checked="" type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. |
| 17. <input type="checkbox"/> Other:  |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner

Group / Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | 021125   | or <input type="checkbox"/> Correspondence address below |
| Name  | NUTTER, MCCLENNEN & FISH, LLP<br>Thomas J. Engellenner |  |
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| Country   | US   | Telephone (617) 439-2948 Fax (617) 310-9948              |

|                   |                       |                                   |
|-------------------|-----------------------|-----------------------------------|
| Name (Print/Type) | Thomas J. Engellenner | Registration No. (Attorney/Agent) |
| Signature         |                       | Date 6 Aug 2001                   |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail Label No. EL835840413US, in an envelope addressed to: Box Patent Application, Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: 8/6/01 Signature: (Thomas J. Engellenner)



PTO/SB/17 (11-00)

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| <b>FEE TRANSMITTAL</b><br>for FY 2001              |  | <b>Complete if Known</b> |                               |
|--|--|--------------------------|-------------------------------|
| <i>Patent fees are subject to annual revision.</i> |  | Application Number       | NEW APPLICATION               |
|  |  | Filing Date              |                               |
|  |  | First Named Inventor     | Theodore M. Bloomstein et al. |
|  |  | Examiner Name            | Not Yet Assigned              |
|  |  | Group Art Unit           | N/A                           |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ <u>355.00</u> ) |  | Attorney Docket No.      | 101328-160                    |

  

| METHOD OF PAYMENT  | FEE CALCULATION (continued)  |                |              |  |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
|--|--|----------------|--------------|--|----------|--------------------------------|-------------------------------------|----------|----------|------------------------------------|-------------------------------------|----------|----------|--------------------|----|-------------------------------------|----------|--------------|----|--------------|----|---|----------|----------|----------|----------|----------|---------------------------|----|-----|-------|------------------------|-------|--|----|-----|------|-----------------------------------|------|--|-----|-----|--------|---------------------------------------|--------|---|----|-----|-----|--|----|--|----|-----|-----|--|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|---|--|--|--|--|--|
| <b>1.</b> <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br><div style="margin-top: 10px;">Deposit Account Number <span style="border: 1px solid black; padding: 2px 20px;">141449</span></div> <div style="margin-top: 10px;">Deposit Account Name <span style="border: 1px solid black; padding: 2px 40px;"></span></div> <div style="margin-top: 10px;"><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17      <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div>   | <b>3. ADDITIONAL FEES</b><br><table style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr><tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr><tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr><tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr><tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr><tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr><tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="6" style="padding: 5px;">Other fee (specify) _____</td></tr><tr><td colspan="6" style="text-align: right; padding: 5px;"><b>*Reduced by Basic Filing Fee Paid      SUBTOTAL (3) (\$)</b></td></tr></tbody></table> | Large Entity   |              | Small Entity   |          | Fee Description                | Fee Paid                            | Fee Code | Fee (\$) | Fee Code                           | Fee (\$)                            | 105      | 130      | 205                | 65 | Surcharge - late filing fee or oath |          | 127          | 50 | 227          | 25 | Surcharge - late provisional filing fee or cover sheet. |          | 139      | 130      | 139      | 130      | Non-English specification |    | 147 | 2,520 | 147                    | 2,520 | For filing a request for <i>ex parte</i> reexamination |    | 112 | 920* | 112                               | 920* | Requesting publication of SIR prior to Examiner action |     | 113 | 1,840* | 113                                   | 1,840* | Requesting publication of SIR after Examiner action |    | 115 | 110 | 215  | 55 | Extension for reply within first month |    | 116 | 390 | 216  | 195 | Extension for reply within second month |  | 117 | 890 | 217 | 445 | Extension for reply within third month |  | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month |  | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37CFR 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>*Reduced by Basic Filing Fee Paid      SUBTOTAL (3) (\$)</b> |  |  |  |  |  |
| Large Entity   |  | Small Entity   |              | Fee Description  | Fee Paid |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| Fee Code   | Fee (\$)   | Fee Code       | Fee (\$)     |  |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 105  | 130  | 205            | 65           | Surcharge - late filing fee or oath  |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 127  | 50   | 227            | 25           | Surcharge - late provisional filing fee or cover sheet.                    |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 139  | 130  | 139            | 130          | Non-English specification  |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 147  | 2,520  | 147            | 2,520        | For filing a request for <i>ex parte</i> reexamination                     |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 112  | 920*   | 112            | 920*         | Requesting publication of SIR prior to Examiner action                     |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 113  | 1,840*   | 113            | 1,840*       | Requesting publication of SIR after Examiner action                        |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 115  | 110  | 215            | 55           | Extension for reply within first month                                     |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 116  | 390  | 216            | 195          | Extension for reply within second month                                    |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 117  | 890  | 217            | 445          | Extension for reply within third month                                     |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 118  | 1,390  | 218            | 695          | Extension for reply within fourth month                                    |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 128  | 1,890  | 228            | 945          | Extension for reply within fifth month                                     |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 119  | 310  | 219            | 155          | Notice of Appeal   |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 120  | 310  | 220            | 155          | Filing a brief in support of an appeal                                     |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 121  | 270  | 221            | 135          | Request for oral hearing   |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 138  | 1,510  | 138            | 1,510        | Petition to institute a public use proceeding                              |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 140  | 110  | 240            | 55           | Petition to revive - unavoidable   |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 141  | 1,240  | 241            | 620          | Petition to revive - unintentional   |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 142  | 1,240  | 242            | 620          | Utility issue fee (or reissue)   |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 143  | 440  | 243            | 220          | Design issue fee   |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 144  | 600  | 244            | 300          | Plant issue fee  |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 122  | 130  | 122            | 130          | Petitions to the Commissioner  |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 123  | 50   | 123            | 50           | Processing fee under 37 CFR 1.17(q)  |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 126  | 180  | 126            | 180          | Submission of Information Disclosure Stmt                                  |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 581  | 40   | 581            | 40           | Recording each patent assignment per property (times number of properties) |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 146  | 710  | 246            | 355          | Filing a submission after final rejection (37 CFR 1.129(a))                |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 149  | 710  | 249            | 355          | For each additional invention to be examined (37CFR 1.129(b))              |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 179  | 710  | 279            | 355          | Request for Continued Examination (RCE)                                    |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 169  | 900  | 169            | 900          | Request for expedited examination of a design application                  |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| Other fee (specify) _____  |  |                |              |  |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| <b>*Reduced by Basic Filing Fee Paid      SUBTOTAL (3) (\$)</b>  |  |                |              |  |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b><br><table style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total Claims <u>12</u> -20** =</td><td><input checked="" type="checkbox"/></td><td><u>0</u></td><td><u>0</u></td></tr><tr><td>Independent Claims <u>3</u> -3** =</td><td><input checked="" type="checkbox"/></td><td><u>0</u></td><td><u>0</u></td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td><u>0</u></td></tr></tbody></table><br><table style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="6" style="text-align: right; padding: 5px;"><b>SUBTOTAL (2) (\$)</b></td></tr></tbody></table> <p style="font-size: small; margin-top: 5px;">**or number previously paid, if greater; For Reissues, see above</p> |  |                | Extra Claims | Fee from below   | Fee Paid | Total Claims <u>12</u> -20** = | <input checked="" type="checkbox"/> | <u>0</u> | <u>0</u> | Independent Claims <u>3</u> -3** = | <input checked="" type="checkbox"/> | <u>0</u> | <u>0</u> | Multiple Dependent |    |                                     | <u>0</u> | Large Entity |    | Small Entity |    | Fee Description   | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 103                       | 18 | 203 | 9     | Claims in excess of 20 |       | 102  | 80 | 202 | 40   | Independent claims in excess of 3 |      | 104  | 270 | 204 | 135    | Multiple dependent claim, if not paid |        | 109   | 80 | 209 | 40  | ** Reissue independent claims over original patent |    | 110                                    | 18 | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2) (\$)</b>                |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
|  | Extra Claims   | Fee from below | Fee Paid     |  |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| Total Claims <u>12</u> -20** =   | <input checked="" type="checkbox"/>  | <u>0</u>       | <u>0</u>     |  |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| Independent Claims <u>3</u> -3** =   | <input checked="" type="checkbox"/>  | <u>0</u>       | <u>0</u>     |  |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| Multiple Dependent   |  |                | <u>0</u>     |  |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| Large Entity   |  | Small Entity   |              | Fee Description  | Fee Paid |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| Fee Code   | Fee (\$)   | Fee Code       | Fee (\$)     |  |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 103  | 18   | 203            | 9            | Claims in excess of 20   |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 102  | 80   | 202            | 40           | Independent claims in excess of 3  |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 104  | 270  | 204            | 135          | Multiple dependent claim, if not paid                                      |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 109  | 80   | 209            | 40           | ** Reissue independent claims over original patent                         |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| 110  | 18   | 210            | 9            | ** Reissue claims in excess of 20 and over original patent                 |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |
| <b>SUBTOTAL (2) (\$)</b>   |  |                |              |  |          |                                |                                     |          |          |                                    |                                     |          |          |                    |    |                                     |          |              |    |              |    |   |          |          |          |          |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |   |  |  |  |  |  |

  

| SUBMITTED BY                                   |   | Complete (if applicable)        |  |
|--|---|---------------------------------|--|
| Name (print/type) <u>Thomas J. Engellenner</u> | Registration No. (Attorney/Agent) <u>28,711</u> | Telephone <u>(617) 439-2948</u> |  |
| Signature <u>[Signature]</u>                   |   | Date <u>6 Aug 2001</u>          |  |

  

**Fee Transmittal**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, No. EL835840413US, in an envelope addressed to: BOX PATENT APPLICATION Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: 8/6/01      Signature: [Signature] (Thomas J. Engellenner)

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|--|----------------------|--|
| <b>REQUEST AND CERTIFICATION<br/>UNDER<br/>35 U.S.C. 122(b)(2)(B)(i)</b> | First Named Inventor | <b>Theodore M. Bloomstein</b>  |
|  | Title                | <b>Stereolithographic Patterning With<br/>Variable Size Exposure Areas</b> |
|  | Atty Docket Number   | <b>101328-160</b>  |

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

Date

6 August 2001

Signature

Thomas J. Engellenner

Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**

Burden Hour Statement: This collection of information is required by 37 CFR 1.213(a). The information is used by the public to request that an application not be published under 35 U.S.C. 122(b) (and the PTO to process that request). Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 6 minutes to complete. This time will vary depending upon the needs of the individuals case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.